MLW/man 08/30/04 O I P PATENT APPLICATION Docket No.: 3760.1011-000

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

pplicant:

Dawn C. Maurer, Ramenda S. Chinna, Joel L. Sherriff and

Jeffrey A. Straathof

Application No.:

09/697,994

Group Art Unit:

3621

Filed:

October 26, 2000

Examiner:

P.E. Elisca

Confirmation No.:

7430

For:

LOAD TEST SYSTEM AND METHOD

CERTIFICATE OF MAILING OR TRANSMISSION

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GROUP 3600

REQUEST FOR CHANGE OF DOCKET NUMBER AND CORRECTED FILING RECEIPT

Customer Correction Office Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Applicant's attorney requests that the docket number of record for the above-referenced case be changed to 3760.1012-000. This request is made to better identify this application within our offices.

Please provide a corrected Filing Receipt indicating the new attorney docket number.

Please charge Deposit Account No. 08-0380 for any fees that may be due in this matter. One additional copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

Mary Lou Wakimura

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Telephone: (978) 341-0036 Facsimile: (978) 341-0136

Concord, MA 01742-9133

Date: \$\)\[30\] \[04 \]



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GROUP 3600

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Reply for filing in the above-identified application.

- [] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The fee has been calculated as shown below:

MINUS

MINUS

FIRST PRESENTATION OF MULTIPLE DEP. CLAIM

(COL. 1) CLAIMS

REMAINING

AFTER AMENDMENT

17

2

(COL. 2)

HIGHEST NO. PREVIOUSLY

PAID FOR

20

(COL. 3)

PRESENT

EXTRA

SMA	LL	EN	TI	Y

R.A	TE	ADDIT. FEE
х	\$ 9	\$
Χ.	\$43.	\$
+	\$145	\$

OTHER THAN
SMALL ENTITY

R.	ATE	ADDIT. FEE
x	\$18	\$
х	\$86	\$
+	\$290	\$

<u>OR</u>

not fewer than 20

** not fewer than 3

TOTAL

INDEP

 $\Gamma OTAL = \$$ 0

 $TOTAL = \$ ___ 0_{_}$

Please charg	e Deposit Account No. 08-038	of for the following fees:			
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for an	eral authorization is hereby gray fees required under 37 C.F.R oplication. A copy of this authorization	. 1.16 and 1.17 in order t	o maintain pe	ender	ncy of
	Respec	etfully submitted,			
	HAMI	LTON, BROOK, SMITH	I & REYNO	LDS,	P.C.
	Regist Teleph	Jou Wakimura ration No.: 31,804 none (978) 341-0036 nile (978) 341-0136	2h	<u> </u>	

Concord, Massachusetts 01742-9133 Dated: 8/3//